

# **Aetna**

## **Enrollment and Billing**

Forward completed enrollment / change form to Aetna's Eligibility Department at the following address:

Eligibility Department  
Aetna  
2625 Shadelands Drive  
Walnut Creek, CA 94598  
(Fax number is listed on the Contact List)

Applications should be forwarded as soon as possible to ensure timely processing and accurate billing information. Questions regarding eligibility may be directed to Eligibility Consultant (please refer to contact list).

Any enrollment, termination and/or change must be received by Aetna no later than **60 days** from the effective date of the enrollment, termination or change. If a request is received after the 60 day period, the effective date of the change will **ONLY** go back 60 days.

Example: If a request is received on 8/1/07 with an effective date of the change is 2/1/07, Aetna will apply the 60 day rule and make the change effective 6/1/07. All premiums through 6/1/07 are due to Aetna.

### **Enrollment/Change form:**



Adobe Acrobat  
Document

### **Who is Eligible:**

(Please see Polisub Handbook for further details)

Permanent full-time employees who work 30 or more hours a week on a regular basis.

#### **Enrollment is automatic for full-time employees.**

Permanent part-time employees who elect to participate in the Plan (those who work at least 15 but less than 30 hours a week on a regular basis).

**Permanent part-time employee enrollment is not automatic and must be elected within 30 days of the date they become eligible.**

**Enrollment waiting period:**

Coverage is effective 31 consecutive calendar days from the date of pay status.

Elected Officials are effective the date that they are sworn into office

If an employee is rehired within 7 days after their insurance terminated, their new coverage will become effective immediately. The 31 day waiting period applies for any rehires after 7 days.

If an employee is on Leave without Pay they are eligible effective the first day of employment.

**Special notes:**

**Adding a member to the plan:**

If a member's effective date is prior to the 15th of the month, the full month's premium is due. If the member's effective date is on or after the 15th of the month, no premium is due for this month.

Please include your group's account structure on your enrollment form. Remember that COBRA members must be enrolled within your COBRA specific account, whereas your Active members must be enrolled within your Actives account, along with their hire date and effective date.

**Helpful hints:**

- Your Actives account number will start with a 1 (ex: 102)
- Your COBRA account number will start with a 2 (ex: 202)

If you are submitting a special enrollment change (i.e.: after fulfillment of a probationary period, change in employment status, or any other non-standard change request) please note this in the special remarks section at the bottom of the enrollment form.

**Terminating a member from the plan:**

A terminated member continues to have coverage through the end of the month regardless of the date they terminate. Please be sure that the termination request includes the actual termination date and not the end of the month date (unless of course the termination date is the last day of the month). Payment for the full month is required.

*Employee signature is not required on the enrollment form for employee termination requests. There is no need to wait for a signature before sending.*

**Dependent Age Limit:**

Effective 7/1/2011, the dependent age limit was increased to age 26. There is an overage dependent report that is sent to each Political Subdivision contact when a dependent on your plan reaches the limiting age. This report will identify overage dependents that will be termed at the end of the month following their 26<sup>th</sup> birthday.

System generated letters are also sent to members who have a dependent enrolled that is reaching the maximum age and will be terminated.

The overage dependent auto term reports and letters are scheduled to mail the 3rd Sunday of each month if there is term activity for the month. Please continue to review your audit certification lists each month. Any discrepancies need to be reported to the Aetna Eligibility Consultant in a timely manner so that your membership can be adjusted.

### **Audit Certification List:**

An Audit Certification List is mailed each month, which includes a listing of all enrollees and their dependents actively insured as of a specific date. The listing will provide you with a convenient method of verifying your enrollee and dependent eligibility information. It is important the report is reviewed monthly and that any changes are requested within 60 days. If you have COBRA membership, you will receive two audit certification lists—one for your Active population and one for your COBRA population.

The Audit Certification List is produced on a monthly cycle, near or on the first day of the month.

The Audit Certification List consists of:

- **Address Section**
- **Active/Retired Enrollees**  
This is a complete listing of all covered enrollees and their dependents. The effective date listed will be the effective date of new coverage or last change, whichever is later.
- **Benefit Summary**  
The benefit summary lists the benefits and the number of enrollees and dependents for each benefit.

### **SAMPLE Audit Certification List:**



Adobe Acrobat  
Document

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### **Enrollee Transaction List**

You also receive an Enrollee Transaction List which is a listing of all enrollments, changes and terminations that have been processed during a specific period of time. This listing will provide you with a convenient method of verifying your enrollee and dependent eligibility data.

The Enrollee Transaction List is produced on a monthly cycle, on or near the first day of the month. You may also request the listing at any time by calling your eligibility consultant.

The Enrollee Transaction List consists of:

- Address Section
- Enrollee Transaction Activity -- This is a complete listing of all covered enrollee and dependent activity. It includes:
  - Enrollee Name
  - Social Security Number (Masked format xxx-xx-1234)
  - Sex & Birthdate
  - Change Type
  - NEW = Enrollment
  - CHNG = Change
  - TERM = Termination
  - Change Effective Date -- The effective date of the transaction
  - Plan -- The plan of benefits the enrollee has elected
  - Dep -- Indicates the number of covered dependents.
  - H = Husband, W = Wife, Number = total number of children
  - (e.g., H1 = Husband and one dependent child)
  - Total Enrollee Transactions.

## ***Summary Billing***

Your group plan is Summary Billed, which means that you will receive a Summary Statement monthly in advance of the statement due date. Under the Summary Billing process, our administrative system calculates a “Total Premium Due” using the last finalized number of employee and dependent lives reported to us. The Total Premium Due will be calculated using only the finalized number of employee and dependent lives provided on the prior month’s statement.

When you receive your Summary Statement, you are responsible for updating and reporting the accurate number of lives, along with recalculating the new total premium due based on your current reporting for each statement period.

The new total premium due is the amount you should remit to Aetna on or before the statement due date.

### **Special note:**

#### **Adding a member to the plan:**

If a member’s effective date is prior to the 15th of the month, the full month’s premium is due. If the member’s effective date is on or after the 15th of the month, no premium is due for this month.

#### **Terminating a member from the plan:**

A terminated member continues to have coverage through the end of the month regardless of the date they terminate. Payment for the full month is required.

It is recommended that you compare and validate your Summary Statement membership to your Audit Certification List each month. If you do not currently receive an Audit Certification List or if you have any other questions, please contact your Aetna Eligibility Consultant.

A more detailed description of each section, instructions for calculating the Total Premium Due, and an example of a Summary Billing statement are shown on the following pages.

## ***Instructions for completing a billing statement***

### **1. Complete Number of Employees**

Above the shaded area to the right of the asterisk, enter the total number of employees who are covered as of the current statement date. If no one is insured for a specific billing line, enter zero (0) in the appropriate column. Please do not cross out applicable billing lines, even when there are no lives to report.

### **2. Rate**

Multiply the rate by the entry for the number of employees or volume, whichever is followed by an "X," and enter the result in the amount column and multiply the number of employees by the rate.

**Note:** Do not enter the result in the adjustment column.

### **3. The Adjustment Column**

Use the Adjustment column by each billing line to enter any back charge (+) or credit (-) for prior months. When making an adjustment, please provide an explanation for the adjustment in the space provided at the top of the statement. Credits for retroactive terminations may be limited. Adjustments should be included when calculating the total amount due.

### **4. Total Amount Due**

The recalculated net total of all billing line amounts and adjustments should be entered in the total amount due box, located in the lower right corner on the last page of the statement, if there are multiple pages. Do not total each page. All pages must be returned.

### **5. Checks**

Please make your check payable to Aetna and remit both the statement and check to the lock box address.

## ***Very Important Remittance information***

### **1. To properly credit your account, send statement with payment**

This is an important item; you must include a copy of the entire statement to ensure proper posting of your payment to your account and to avoid any applicable late charges.

### **2. Lock Box Remittance Address**

The address to which the payment and completed statement must be sent:

**AETNA-NA WEST  
P.O. BOX 100621  
PASADENA CA 91189—0621**

### **3. Please provide control number on your check**

In order to ensure proper posting of your check, it is very important that you include your group plan's control number on your check.

#### **4. Signature of an Authorized Company Representative**

The statement must be signed by a representative of your company having the proper authority to sign such statement.

#### ***Revisions —new lines of coverage***

In the event your benefits are being revised (that is, coverage is being added or changed), the current billing statement will reflect the change. If the revision is made before the current effective date and your statements have been paid incorrectly, the following procedures should be followed:

1. You will receive re-billed statements back to the effective date of the change.
2. You should complete the entire re-billed statement and remit the payment (if applicable) for the difference.

#### **SAMPLE Bill:**



Microsoft Office  
Excel Worksheet

#### **Description of Bill Categories:**

**EMPL. MED AND DEN  
VIS/AUDIO**

the number of lives in this category should reflect the total number of employees enrolled in Medical, Dental, Vision & Audio

**DEP A SPOUSE  
DEN/VIS/AUDI**

the number of spouses enrolled in Dental, Vision & Audio. Please note, a Spouse cannot enroll in Dent/ Vis/ Aud coverage unless also enrolled in Medical

**DEP A SPOUSE  
MEDICAL ONLY**

the number of spouses enrolled in the Medical plan

**DEP C CHILD/CHILDREN  
DEN/VIS/AUDIO**

the number of 1 or more children enrolled in Dental, Vision & Audio. Please note, children cannot be enrolled in Dent/ Vis/ Aud coverage unless also enrolled in Medical

**DEP C CHILD/CHILDREN  
MEDICAL ONLY**

the number of 1 or more children enrolled in the Medical plan

**DEP B SP & CHILD/CHILDREN  
MEDICAL ONLY**

the number of families enrolled in Dental, Vision & Audio. Please note, families cannot enroll in Dent/ Vis/ Aud coverage unless also enrolled in Medical

**Description of abbreviations/ acronyms used on the bill:**

Med = Medical

Den/ Vis/ Aud or D/V/A = Dental / Vision/ Audio

EE = Employee

SP= Spouse

CHILD/REN = Child and/or Children

**IMPORTANT:**

**Dependents (Spouse and/ or children) cannot enroll in Dental/Vision/Audio without enrolling in Medical also.**

***COBRA***

Each Political Subdivision is responsible for setting up their own COBRA premiums amounts, and sending out any appropriate paperwork to eligible enrollees. You do have the option of adding a 2% administrative fee to the total premiums due, not to exceed 102% of total premiums due.

The workflow for COBRA is to terminate the individual's coverage and advise them of their termination rights. From that date on, they have 60 days to elect COBRA coverage. From the date of election, they then have 45 days to pay. So, the furthest out for election and payment is 105 days, but they will need to pay all of the months at once in their initial payment date.

During the time from notification to payment, their coverage should show as terminated. Once paid, we can then reinstate coverage back to their qualifying event date.

Please reference [DOL Website](#) for more information.